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Country note**

Malawi

Summary

The Executive Director presents the country note for Malawi for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Malawi, a nation of 9.8 million people, of which 85 per cent live in rural areas, is ranked 163 out of 174 countries in the Human Development Index. The per capita gross national product is $210. The country's primary source of foreign exchange is tobacco, which is facing a global downturn. Reliance on maize leaves a large proportion of the population vulnerable to food insecurity and malnutrition when there is a poor harvest. An estimated 64 per cent of the population live below the poverty line. External debt service accounts for some 20 per cent of current expenditures, a substantial burden on the enormous development agenda articulated in the country's "Vision 2020". Malawi is eligible for debt relief through the Highly Indebted Poor Countries programme and is currently preparing its Poverty Reduction Strategy Paper.

2. The Government of Malawi ratified the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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Child in 1987 and 1991, respectively, and submitted its first report to the Committee on the Rights of the Child in 1999. Malawi's 1994 Constitution enshrines many of the rights embodied in the two Conventions. New structures, such as the Human Rights Commission, the Office of the Ombudsman and the Anti- Corruption Bureau, are in place to protect economic, social and political rights.

3. Despite considerable investment by the Government and its partners in the social sector, life expectancy has dropped from 48 years in 1990 to 39 currently. Infant and under-five mortality rates remain very high at 134 and 213 per 1,000 live births, respectively. Child deaths are due mostly to malaria, acute respiratory infections, diarrhoea and malnutrition. The maternal mortality ratio (MMR), at 620 per 100,000 live births, is high due to poor care practices and limited access to quality maternal services. It is estimated that 48 per cent of children suffer from chronic malnutrition. Over 50 per cent of pregnant women attending antenatal clinics are anaemic, and 22 per cent of children under five years old are vitamin A deficient. Less than 50 per cent of the population have access to safe drinking water, and 97 per cent lack adequate sanitation.

4. Poverty, human deprivation and suffering are aggravated by the high and increasing prevalence of HIV/AIDS, currently estimated at 16 per cent of the 15- to 49-year-old age group. Every day, an average of 267 people are infected with HIV, and 139 people die from AIDS-related diseases. The National AIDS Control Programme estimates that 46 per cent of new infections occur in youth aged 15-24 years old, 60 per cent of them female. HIV/AIDS is the leading cause of death in the most productive age group (15-49 years old). The number of orphans has increased to about 300,000, with responsibility for care falling on women and girls. The HIV/AIDS epidemic is devastating Malawi's economy; draining the country's capacity; adversely affecting development efforts; and threatening the fulfilment, protection and respect of the rights of children and women.

5. The high prevalence of HIV/AIDS poses further challenges to child care and access to basic education despite the national free primary education policy. Nearly 10 per cent of teachers have died from AIDS-related illnesses in the last few years. In addition, effective primary education is seriously constrained by the widespread shortage of basic textbooks and learning materials, and the high number of untrained teachers. Repetition and drop-out rates in primary school are high, with about 50 per cent of students failing to complete standard five. Teenage pregnancy and early marriage make access to and completion of primary education more difficult for girls.

6. The rights of children and women continue to be infringed by customary law and harmful traditional practices, including initiation ceremonies, wife inheritance and property grabbing. The report to the Committee on the Rights of the Child highlights an increased number of children involved in child labour and child prostitution, as well as those living on the streets, imprisoned, and suffering from neglect and abuse, including rape. Malawian women have little or no access to economic resources and decision-making processes due to restrictive social roles, discrimination, and unequal access to education and employment. Women undertake over 70 per cent of agricultural work. The national fertility rate of 6.7 is one of the highest in Africa.

Lessons learned from past cooperation

7. The experience of the 1997-2001 programme has demonstrated that proactive advocacy and strong alliances with all stakeholders, including rights activists, parliamentarians, young people and civil society, are key to promoting policies in favour of the rights of children and women. Through this approach, the country programme facilitated the establishment of a Child Rights' Unit within the Human Rights Commission and the formulation of policies on early childhood development and the prevention of mother-to-child transmission (MTCT) of HIV. Policy development related to orphans stressed community-based approaches to care and consistency with the rights-based principles of non-discrimination, participation and development. The national orphan policy guidelines emphasize the need to empower communities to support orphans within families and to advocate for orphanages as a last resort. These guidelines have reduced discrimination between orphans due to AIDS and those orphaned due to other causes. They have also stimulated community-based interventions and enhanced community participation. Government counterparts and other stakeholders are increasingly eager to use rights-based approaches in programming work, which has also facilitated the formulation of the proposed country programme.

8. The youth-to-youth strategy has proven effective for disseminating information on HIV/AIDS and for providing young people with a platform to claim their development and participation rights. The programme has successfully managed to tap the energy and enthusiasm of youth, using a combination of interpersonal communication and psychosocial skills aimed at changing behaviour. It has facilitated a network of over 3,200 anti-AIDS clubs in primary schools, over 700 out-of-school clubs, 70 youth non-governmental organizations (NGOs) and 27 district youth coordination structures countrywide. As recommended in the mid-term review (MTR), HIV/AIDS and gender have been mainstreamed across the country programme.

9. Past cooperation has also shown that the United Nations Development Assistance Framework (UNDAF) can be effective in increasing the collaboration, complementarity and synergy of United Nations team efforts. As a result of the formulation of UNDAF in 1998, the United Nations Theme Groups on HIV/AIDS, Youth and Gender were strengthened and used more effectively as a mechanism to identify areas for collaboration, with a special focus on HIV/AIDS and adolescents, the prevention of MTCT, and voluntary and confidential counselling and testing (VCCT) for youth. United Nations agencies assisted in the formulation of the HIV/AIDS National Strategic Framework and jointly developed a proposal on community aspects of the Integrated Management of Childhood Illness (IMCI) initiative and VCCT, which was funded by the United Nations Fund for International Partners. The sector-wide approach (SWAP) has proven useful to keep priority issues on the agenda of all stakeholders and to provide an important mechanism for coordination. As a member of five out of the six sectoral task forces, UNICEF has managed to ensure that the prevention of MTCT and VCCT are included systematically in the formulation of health policy. Similarly, in the education sector, the experiences of UNICEF and the United Nations Population Fund have been used to mainstream life skills into the primary school curriculum.

Proposed country programme strategy

10. The programme strategy is a result of a broad and participatory government-led process, including civil society, donors, United Nations agencies and international partners. Using a rights-based analytical framework, the results of the MTR and the Common Country Assessment, the situation analysis identified the rights of women and children at risk and conducted a corresponding role analysis of duty-bearers at family, community, district and national levels for all key issues. A capacity analysis of the duty-bearers was also conducted to identify gaps related to responsibilities, authority and resources. Programme objectives and strategies were formulated to build on the strengths of duty-bearers to address those capacity gaps.

11. The overall objectives of the 2002-2006 country programme are: (a) to create a conducive environment to realize the rights to survival, development, protection and participation of women and children; (b) to reduce HIV transmission, especially among children and young people, and mitigate its impact on vulnerable groups; (c) to strengthen the capacity of various duty-bearers to meet their obligations to children in order to reduce malnutrition, and child and maternal morbidity and mortality; and (d) to support country efforts to build capacity for poverty reduction by establishing coordination and collaboration mechanisms that enhance SWAPs so that they lead to sustainable development for women and children. Most elements of the programme are nationwide in scope, but HIV/AIDS, malaria and water activities will be converged in selected "impact areas" that cover 50 per cent of the population.

12. The country programme will use a mix of strategies, including: (a) advocacy and social mobilization, to ensure the necessary resources, services and legal framework for the rights of children and women; (b) capacity-building, to empower communities to claim their rights and help families, caregivers and various duty-bearers to meet their obligations to children and women in the context of the HIV/AIDS emergency; (c) service delivery, to facilitate community access to basic social services using micro-planning and increased participation; and (d) strengthening partnerships through theme-based strategic alliances.

13. The objectives of the **health** programme are: (a) to reduce infant and child mortality by 25 per cent; (b) to reduce MMR by 20 per cent; (c) to increase access to and the effective utilization of treated bednets to at least 60 per cent of households in the impact areas; (d) to reduce the incidence of MTCT of HIV by at least 50 per cent in the impact areas; and (e) to contribute to the implementation of health sector reforms, including the SWAP, so that at least 85 per cent of households have access to and utilize effectively the essential health package (preventive, curative and promotional services, including VCCT, IMCI and the prevention of MTCT).

14. The objectives of the **basic education** programme are: (a) to ensure that primary school children acquire basic information on HIV/AIDS and life skills to enable them to make informed choices; (b) to improve the quality of education in schools so that all learning environments are effective, healthy and gender- sensitive and enable children to attain desired levels of achievement; (c) to support capacity development at national and district levels for sector policy development and sector-wide planning, monitoring and evaluation; and (d) to strengthen the capacity of communities to prevent, monitor and report the abuse of children, especially girls. Key components of the programme include HIV/AIDS prevention, youth

participation/development, the retention of girls in school and support to education sector reform. A mix of strategies will be used to mainstream HIV/AIDS and life skills in health, nutrition and hygiene education.

15. The cross-cutting programme of **early child care and support to families affected by HIV/AIDS** covers two interdependent areas. The first area is the promotion of the three pillars of early childhood care (nutrition, health and psychosocial development). The second area is strengthening the capacity of affected families to adequately cope with the impact of HIV/AIDS, with an emphasis on young orphans. The programme has the following objectives: (a) to improve the capacity of households and communities in key family care practices, including health, nutrition and the psychosocial development of children, during the first years (0-3) of life; (b) to strengthen the capacity of families affected by HIV/AIDS to cope effectively with the impact of the epidemic, and provide adequate care for orphans, pregnant and lactating women; (c) to strengthen the capacity of government counterparts, NGOs, religious groups and community-based organizations to provide adequate care and support to orphans and families affected by HIV/AIDS.

16. The objectives of the **water and environmental sanitation** (WES) programme are: (a) to ensure universal effective access to hygiene education in all programme impact areas; (b) to ensure that every family in the impact areas has effective access to sanitary facilities; (c) to ensure that all schools and health centres in the impact areas have access to adequate sanitation and safe drinking water; (d) to ensure 80 per cent effective access to safe drinking water and effective community-based management of WES facilities for all impact areas; and (e) to support capacity development at national and district levels for effective sector policy development.

17. The cross-cutting **social policy, advocacy and communication** programme will provide intersectoral technical inputs and guidance for the development of policies, advocacy and communication strategies. The objectives are: (a) to improve the political and legal framework for the realization of the rights of women and children; (b) to strengthen the campaign to break the silence on HIV/AIDS as a national emergency; (c) to assist civil society and the Government to implement sustainable community-based interventions for the prevention of child rights violations; (d) to increase the availability and effective use of information management systems for policy formulation and programme design, implementation, and monitoring and evaluation; and (e) to develop and implement a research-based communication strategy to influence attitudes to contribute to the realization of children's and women's rights. The programme will ensure the effective use of an integrated monitoring and evaluation plan (IMEP), using systematic baseline surveys and field activity monitoring.

18. The **cross-sectoral costs** cover implementation of the IMEP, with a rights-based focus; gathering baseline information for cross-cutting issues; and intersectoral training costs.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health	7 900	14 960	22 860
Basic education	4 850	7 940	12 790
Early child care and support to families affected by HIV/AIDS	3 300	5 540	8 840
Water and environmental sanitation	3 150	3 480	6 630
Social policy, advocacy and communication	3 200	3 080	6 280
Cross-sectoral costs	1 355	120	1 475
Total	**23 755**	**35 120**	**58 875**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.